

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-22-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes L0180, L0120, E1399, E0748 and 97139TN.

II. FINDINGS

The respondent denied reimbursement based upon “F – If reduction, then processed according to the Texas Fee Guidelines; M – In order to review this charge we need a copy of the cost to the provider; M – Reimbursed based upon the maximum allowable fee for this PX based upon the state medical fee schedule, or if one not specified, UCR for this zip code area; and G – This procedure is included in another procedure on the same date of service.”

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
1-27-03	L0180	\$400.00	\$214.56	F	DOP	General Instructions GR III Durable Medical Equipment GR (VIII) and (IX)	Miami Cervical Collar - Requestor submitted redacted EOBs from insurance carrier's that support amount billed was fair and reasonable per Section 413.011(b); therefore, additional reimbursement of \$185.44 is recommended.
1-27-03	L0120	\$50.00	\$10.19	F	DOP		Soft Cervical Collar - Requestor submitted redacted EOBs from insurance carrier's that support amount billed was fair and reasonable per Section 413.011(b); therefore, additional reimbursement of \$39.81 is recommended.

1-27-03	E1399	\$239.00	\$20.00	M	DOP	Section 413.011(b)	Pillow - Requestor submitted redacted EOBs from insurance carrier's that support amount billed was fair and reasonable per Section 413.011(b); therefore, additional reimbursement of \$219.00 is recommended.
2-3-03	E0748	\$5000.00	\$4600.00	M	DOP		Bone Growth Stimulator – Preauthorization was obtained for purchase on 1-28-03. Requestor submitted redacted EOBs from insurance carrier's that support amount billed was fair and reasonable per Section 413.011(b); therefore, additional reimbursement of \$400.00 is recommended.
2-3-03	97139TN	\$185.00	\$0.00	G	DOP		Revised table submitted on 11-4-03, deleted this service.
TOTAL							The requestor is entitled to reimbursement of \$744.25 .

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, L0180, L0120, E1399, E0748 and 97139TN, in the amount of **\$ 744.25**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$744.25.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 28th day of April 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division